
STUDENT RECORDS/FORM C

AUTHORIZATION TO DISPENSE MEDICATION

This form must be completed and give to the school nurse prior to your student receiving medication during the school day.

Student's Full Name _____ Grade _____

Address (Street/City/State/Zip) _____

Home Phone # _____ Mother's Name _____ Father's Name _____

Name of Medication/Prescription _____

Prescription # (if applicable) _____

Date(s) to be given from _____ through _____

Time Medication is to be given _____ a.m. _____ a.m. _____ p.m. _____ p.m.

Amount (dosage) of Medication to be given each time _____

Purpose of Medication _____

Possible side effects _____

How Medication is to be stored _____

Physician's Name _____ Physician's Phone # _____

I hereby give my permission for my child, listed above, to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Parent/Guardian Signature _____ Date _____

PLEASE NOTE

- The prescription medication is to be delivered to school in a properly labeled pharmacy container only. Changes in dosage must also be in a properly labeled container.
- Children will not be permitted to attend class if they have a fever that is temporarily masked by medication. These types of situations are puritanically harmful to other students and will not help the ill child to gain their strength and wellness.

Rule 290-2-2-10(b)5vi(I-IX) The following records shall be maintained on file for each child enrolled in the center and shall be accessible to the department: (vi) A description of the information that will be required of the parent before the center will dispense any medication and the parents' acknowledge that they will provide all of the necessary information. The authorization will include when applicable: (I) Date; (II) Full name of child; (III) Name of Medication; (IV) Prescription number, if any; (V) Dosage; (VI) The dates to be given; (VII) The time of day medication is to be dispensed; (VIII) Signature of parent; (IX) Verification that medication was dispensed according to parents' authorization, including the signature of staff member who dispensed the medication.